

FULL-TIME CPOA AND CPMA
January 1, 2019 Semi-Monthly Health Payroll Deductions

**Payroll deduction for medical plan reflects your cost after city benefit credits are applied*

MEDICAL PLAN	COVERAGE LEVEL	YOUR PAYROLL DEDUCTION FOR MEDICAL*	UNUSED BENEFIT CREDITS AFTER CHOOSING MEDICAL (A)
PERS CARE	EE ONLY	\$167.15	
	EE + 1	\$334.29	
	FAMILY	\$428.48	
PERS CHOICE	EE ONLY	\$74.06	
	EE + 1	\$148.11	
	FAMILY	\$186.45	
PERS SELECT	EE ONLY	\$0.00	\$55.14
	EE + 1	\$0.00	\$110.29
	FAMILY	\$0.00	\$149.47
BLUE SHIELD ACCESS +	EE ONLY	\$93.52	
	EE + 1	\$187.04	
	FAMILY	\$237.05	
KAISER PERMANENTE	EE ONLY	\$27.82	
	EE + 1	\$55.63	
	FAMILY	\$66.22	
HEALTH NET SMARTCARE	EE ONLY	\$34.86	
	EE + 1	\$69.71	
	FAMILY	\$84.53	
HEALTH NET SALUD Y MAS	EE ONLY	\$0.00	\$72.59
	EE + 1	\$0.00	\$145.19
	FAMILY	\$0.00	\$194.84
SHARP PERFORMANCE PLUS	EE ONLY	\$10.33	
	EE + 1	\$20.66	
	FAMILY	\$20.76	
ANTHEM HMO SELECT	EE ONLY	\$26.04	
	EE + 1	\$52.07	
	FAMILY	\$61.59	
ANTHEM HMO TRADITIONAL*	EE ONLY	\$128.95	* ONLY FOR RIVERSIDE OR ORANGE COUNTY RESIDENTS
	EE + 1	\$257.89	
	FAMILY	\$329.16	
UNITED HEALTHCARE	EE ONLY	\$36.83	
	EE + 1	\$73.65	
	FAMILY	\$89.65	
PORAC (For CPOA employees only)	EE ONLY	\$100.50	
	EE + 1	\$238.50	
	FAMILY	\$287.00	

OPTIONAL BENEFITS	COVERAGE LEVEL	COST
METLIFE DENTAL (B)	EE ONLY	\$21.43
	EE + 1	\$44.76
	FAMILY	\$69.96
VSP VISION (C)	EE ONLY	\$5.16
	EE + 1	\$7.48
	FAMILY	\$13.42
ACCIDENTAL DEATH & DISMEMBERMENT (D)	See <i>MyPaycheck</i> for your current cost or the <i>Voluntary AD&D Coverage Highlights</i> document to calculate cost of new coverage.	

OTHER INFORMATION

1. If waiving medical coverage, Benefit Credits equal \$143.25 semi-monthly.
2. Health insurance deductions occur in 24 pay periods.
3. Benefit credits may be applied towards the cost of medical, dental, vision, accidental death & dismemberment insurance and/or a Flexible Spending Account (FSA). Any unused benefit credits will be paid to you as taxable cash.

SPENDING UNUSED BENEFIT CREDITS ON OPTIONAL BENEFITS		
Unused Benefit Credits AFTER		
choosing a medical plan:		A
Less the Cost of Your Optional Benefits		
Dental:		B
Vision:		C
AD&D:		D
Medical Flex Spending:		E
Dependent Care Flex Spending:		F
Total Cost of Optional Benefits:		G = (B+C+D+E+F)
Cash or Payroll Deduction¹:		H = (A-G)

¹ If (H) is greater than zero, it is paid as taxable cash. Otherwise it equals your total payroll deduction for all of your optional benefits.

City benefit credits by medical coverage level:

Employee Only	\$286.50	Family	\$751.00
Employee + 1	\$573.00	Waive Medical	\$143.25